

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo service

Swamp Fox Taxi, LLC  
DBA Swamp Fox Transportation

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

RECEIVED  
AUG 28/09

DOCKET

NUMBER: \_\_\_\_\_

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kinya A. MishoeTelephone: 843-423-1153

Address: 209 Tom Gasque AVE N  
Marion, SC 29571

Fax: 843-423-1154Other: 843-495-7174Email: Sft.mg@a.h.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☒ Application - Class C Taxi☒ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☒ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: \_\_\_\_\_

RECEIVED  
AUG 28 2009  
PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

## CLASS C AMENDMENT FORM

## File the original with:

Public Service Commission of South Carolina  
Docketing Department  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896-5100  
FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE: \_\_\_\_\_

(2009-308-T)  
(C Charter)(2009-139-T (Taxi)  
Cert # 8101)

I have the following Certificate:

☒ Class C Taxi # \_\_\_\_\_ ☐ Class C Charter # \_\_\_\_\_ ☐ Class C Charter Bus # \_\_\_\_\_

☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change** (Complete the additional document included with this form for a name change ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form away.)
From: Swamp Fox Taxi, LLC DBA: \_\_\_\_\_

(Current Name)

(Current DBA if applicable)

 TO: Swamp Fox Taxi, LLC DBA: Swamp Fox Transportation  
 (New Name) (New DBA if applicable)

☐ **Scope of Authority**

From: \_\_\_\_\_ To: \_\_\_\_\_

(Current Scope)

(New Scope)

☐ **Passenger Limit**

From: \_\_\_\_\_ To: \_\_\_\_\_

(Current Limit Number)

(New Limit Number)

Swamp Fox Taxi, LLC DBA Swamp Fox Transportation 209 Tom Gasque Ave N  
 (Name & DBA if applicable) (Street and/or Mailing Address)

Marion, SC 29571  
 (City, State, Zip Code)

Kinya A. Mishaw  
 (Signature)

843-423-1153  
 (Telephone Number)

Owner  
 (Title)

**Swamp Fox Transportation**

**843-423-1153 Phone**

**Date: 8/28/09 11:45 am**

**TO: Public Service Commission of SC  
Docketing Department  
Motor Carrier Matters**

**803-896-5199**

**FR: Kinya Mishoe**

**Pages including cover – 4**

**Notes:**

**Request for Name Change and Charter Type Change**

**We transport Medicaid Members (Non emergency) to  
area medical facilities and assigned by the broker for  
the state (Logisticare)**

**This fax is intended for the recipient named above. If you received this fax by error, please call the  
above listed number and destroy this fax.  
Thank you.**

**Swamp Fox Transportation  
209 N Tom Gasque Avenue  
Marion, SC 29571  
843-423-1154 Fax**